Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (11-08) Approved for use through 11/30/2011. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT **AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/567,743	Confirm. No.: 5360			
Filing Date	8/21/2007				
First Named Inventor	VIGH, Guyla				
Art Unit	1795				
Examiner Name	unassigned				
Attorney Docket Number	LIFT-056/00U	S			

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450									
Please withdraw me as attorney or agent for the above identified patent application, and									
all the practitioners of record;									
the practitioners (with registration numbers) of record listed on the attached paper(s); or									
the practitioners of record associated with Customer Number:58249									
NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.									
The reason(s) for this request are those described in 37 CFR:									
10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4)									
10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iv)									
10.40(c)(1)(v)									
10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:									
-									
Certifications									
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.									
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not									
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved. 1. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the									
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved. 1. \[\sqrt{\text{V}} \] /\text{We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment. 2. \[\sqrt{\text{V}} \] /We have delivered to the client or a duly authorized representative of the client all papers and property									
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved. 1. Villy have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment. 2. Villy have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled. 3. Villy have notified the client of any responses that may be due and the time frame within which the									
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved. 1. Very live have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment. 2. Very live have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled. 3. Very live have notified the client of any responses that may be due and the time frame within which the client must respond.									

[Page 1 of 2]
This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any complete in the complete of the individual case. The complete of the individual case is the process of the individual case. The complete of the individual case is the process of the individual case. The complete of the individual case is the process of the individual case. The individual case is the process of the individual case. The individual case is the individual case. The individual case is the individual case is the individual case. The individual case is the individual case is the individual case. The individual case is the individual case is the individual case. The individual case is the individual case is the individual case. The individual case is the individual case is the individual case is the individual case. The individual case is the individual case is the individual case is the individual case. The individual case is the individual case is the individual case in the individual case is the individual case in the individual case is the individual case. The individual case is the individual case is the individual case in the individual case is the individual case in the individual case is the individual case in on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

AND CHANGE OF CORRESPONDENCE ADDRESS									
Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.									
Change the correspondence address and direct all future correspondence to:									
A. The address of the inventor or assignee associated with Customer Number:									
OR									
B. Inventor or Assignee name Wayne Bellman, Life Therapeutics Ltd., Company Matters Pty Ltd.									
Address Level 12, 680 George Street									
City Sydney		State NSW		Zip 2000			Country Australia		
Telephone	612 8274 9521 Email w			nail wbelln	wbellman@flyingspur.net				
I am authorized to sign on behalf of myself and all withdrawing practitioners.									
Signature 72 A. 7862									
Name	Thomas A. Blinka				Registration No. 4		4,541		
Address Cooley Godward Kronish LLP, 777 6th Street NW, Suite 1100									
City Washington State DC		State DC		Zip 20001		Country USA			
Date	March 30, 2009			Telephone No. 202-728-7865					
NOTE: Withdrawal is effective when approved rather than when received.									

[Page 2 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria; VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.